

SERFF Tracking Number: ANTX-127826074 State: Arkansas
Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 50269
Company Tracking Number:
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: CANCER EMPLOYER APP RESUB
Project Name/Number: CANCER EMPLOYER APP RESUB /CANCER EMPLOYER APP RESUB

Filing at a Glance

Company: Standard Life and Accident Insurance Company
Product Name: CANCER EMPLOYER APP SERFF Tr Num: ANTX-127826074 State: Arkansas
RESUB
TOI: H07G Group Health - Specified Disease - SERFF Status: Closed-Approved State Tr Num: 50269
Limited Benefit
Sub-TOI: H07G.002A Dread Disease - Cancer Co Tr Num: State Status: Approved-Closed
Only
Filing Type: Form
Author: Sherry Wiegman
Date Submitted: 11/15/2011
Reviewer(s): Donna Lambert
Disposition Date: 11/17/2011
Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date: 12/19/2011
State Filing Description:

General Information

Project Name: CANCER EMPLOYER APP RESUB Status of Filing in Domicile: Pending
Project Number: CANCER EMPLOYER APP RESUB Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 11/17/2011
State Status Changed: 11/17/2011 Deemer Date:
Created By: Sherry Wiegman Submitted By: Sherry Wiegman
Corresponding Filing Tracking Number:
Filing Description:
Attached for your review and consideration is a new group cancer employer application that will be used to replace a previously approved application. This is a new submission that has not been previously reviewed or rejected.

This application replaces ESBA10 approved by your Department on 10/14/2011 under ANTX-127696874.

The differences in this application from the prior approved application are formatting of the policyholder questions, general questions regarding classes of employees, alphabetizing of the benefit options and the employer agreement

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section relating to payroll deductions.

We trust this information is complete and look forward to receiving your favorable reply. Thank you for your consideration.

Company and Contact

Filing Contact Information

Sherry Wiegman, Sr. Compliance Analyst sherry.wiegman@anico.com
One Moody Plaza, SSH MP, Ste. 200 281-538-4842 [Phone]
Galveston, TX 77550 409-766-2950 [FAX]

Filing Company Information

Standard Life and Accident Insurance Company CoCode: 86355 State of Domicile: Texas
One Moody Plaza, SSH MP, Ste. 200 Group Code: 408 Company Type: Health Insurance
Galveston, TX 77550 Group Name: State ID Number:
(281) 538-4842 ext. [Phone] FEIN Number: 73-0994234

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Life and Accident Insurance Company	\$50.00	11/15/2011	53749420

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	11/17/2011	11/17/2011

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State: *Arkansas*

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Disposition

Disposition Date: 11/17/2011

Implementation Date: 12/19/2011

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Form	Employer Application	Approved	Yes

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Form Schedule

Lead Form Number: ESBA102

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 11/17/2011	ESBA102	Application/ Employer Enrollment Form	Application Revised		Replaced Form #: EBSA10 Previous Filing #: ANTX-127696874	50.100	GROUP EMPLOYER CANCER APPLICATION - EBSA102.pdf



EMPLOYER BENEFIT SELECTION APPLICATION FOR GROUP CANCER EXPENSE Please Print — Use Black Ink

Plan Sponsor/Employer _____ Group Number (obtain from the Home Office) _____

Federal Tax ID Number _____ Requested Group Policy Effective Date _____ Billing Date: ☐ 1st ☐ 15th

Address _____ City _____ State _____ Zip _____

Billing Address (if different) _____ City _____ State _____ Zip _____

Authorized Employer Representative _____ Phone _____

Email _____ Fax _____

List any other state locations _____

Type of business _____

Class(es) of employees eligible for coverage _____

Will all classes have the same coverage? ☐ Yes ☐ No If "No", specify which benefit option per class. (indicate under BENEFITS APPLIED FOR grid below)

Number of eligible Employees _____ Employee Waiting Period _____

Who will pay the premiums for this insurance? ☐ Employee ☐ Employer ☐ Employer and Employee

Is there a substantially similar Group Cancer Policy now in effect? ☐ Yes ☐ No

Will that coverage be replaced? ☐ Yes ☐ No Effective Date of existing coverage? _____

The policy applied for will not be effective until formal approval is given by Standard Life and Accident Insurance Company.

BENEFITS APPLIED FOR			
Base Policy	Base Policy Benefits		
Optional Benefits	Option 1 Benefit Amount	Option 2 Benefit Amount	Option 3 Benefit Amount
Annual Cancer Screening Benefit	\$	\$	\$
Radiation, Chemotherapy, Immunotherapy and Experimental Treatment Benefit (please check only one): <input type="checkbox"/> Annual <input type="checkbox"/> Daily	\$	\$	\$
Daily Hospital Confinement Benefit	\$	\$	\$
First Occurrence Benefit	\$	\$	\$
First Occurrence Building Benefit	\$	\$	\$
Intensive Care Unit Benefit	\$	\$	\$
Specified Disease Benefit	\$	\$	\$
Surgical Benefit	\$	\$	\$
Class of Employees			

EMPLOYER AGREEMENT

The Employer hereby applies to Standard Life and Accident Insurance Company for a policy of Group Cancer Expense Insurance with the optional benefits listed on page 1 of this Application.

The Employer agrees to honor the written request of its Employees to make payroll deductions according to the schedule established with the Company and to remit all deductions to the Company on the designated due date. The Employer assumes no other liability under this agreement, and this agreement will continue in force until 30 days after the Company receives written notice of termination from the Employer or organization, together with payment of all deductions up to the date of the termination. After that date, the Employer will have no further responsibility for deductions.

FRAUD WARNING — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Dated at City, State

Date

Signature of Authorized Employer Representative

Title (printed)



AGENT STATEMENT

I hereby certify that all information set forth in the Application is correct to the best of my knowledge, accurately recorded, and the answers did not conflict with my observations and knowledge of the Employer.

Agent's Signature

Print Agent Name

Agent's Writing Number



Standard Life and Accident Insurance Company
Mailing Address: P.O. Box 696870, San Antonio, TX 78269
888.350.1488

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved	11/17/2011
Comments:		
Attachment:		
Readability Certification SL Emp App.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved	11/17/2011
Comments:		
Attached...replaces EBSA10		
Attachment:		
GROUP EMPLOYER CANCER APPLICATION - EBSA102.pdf		



READABILITY CERTIFICATION

We hereby certify that the following forms have achieved a Flesch scale readability score which meets the minimum reading ease score as required by your state:

EBSA102 – Group Employer Application

William J.
Hogan

Digitally signed by William J. Hogan
DN: cn=William J. Hogan, c=US,
o=Standard Life and Accident
Insurance Company, ou=Assistant
Vice President, Health Compliance,
email=william.hogan@anico.com
Date: 2011.11.15 13:23:00 -06'00'

William J. Hogan
Asst. Vice President, Health Compliance

11/15/2011

Date of Signature



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Email _____ Fax _____

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